

City of Evansville Expense Report

Name: _____

Address: _____

Department: _____

Date	Event and Location	Miles	Cost: \$0.625 mile	Fund Line
			\$ -	
			\$ -	
			\$ -	
			\$ -	

Expenses: *Itemized receipts or lost receipt section on back shall be attached/completed*

Date	Description	Personal Costs	City Costs	Fund Line

Any above costs charged to new vendor accounts? Please list vendors on page 2

Total Reimbursement to the Employee: _____	Total City Charge: _____
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I hereby agree that my submission of this expense report is accurate and in accordance with City policy:

Employee Signature: _____ Date: _____

Approval Signature: _____ Date: _____

New Vendor

Date	Vendor Name	Vendor Address		
Purchase Description		Vendor Ph #	Credit Account #	Fund Line

Date	Vendor Name	Vendor Address		
Purchase Description		Vendor Ph #	Credit Account #	Fund Line

Lost Receipt

Date	Description	Personal Cost	City Cost	Fund Line
Reason for lost receipt:				
Were any alcoholic drinks purchased: ____ Yes ____ No		Amount paid		
Did you pay for any other person's expense: ____ Yes ____ No		Amount paid		
If yes who:				
If yes why:				

Date	Description	Personal Cost	City Cost	Fund Line
Reason for lost receipt:				
Were any alcoholic drinks purchased: ____ Yes ____ No		Amount paid		
Did you pay for any other person's expense: ____ Yes ____ No		Amount paid		
If yes who:				
If yes why:				